

Phase Two Guidance
Coronavirus 2019 (COVID-19): Guidance for Supported Living
and Community Residence Facilities

This document provides reopening guidance to supported living facilities and community residence facilities (CRF) for people who are elderly and physically disabled (Chapter 34), with intellectual disabilities (Chapter 35) or with a mental health diagnosis (Mental Health CRF). This guidance is not intended for intermediate care facilities, nursing homes or assisted living facilities. For guidance on other facilities settings, please visit coronavirus.dc.gov.

EVERYDAY PREVENTION MEASURES FOR PERSONS LIVING IN CRF or SUPPORTED LIVING FACILITIES

- **Stay at home if you are feeling unwell** or were recently exposed to someone with COVID-19.
 - This means not going to work and quarantine yourself from others in the home.
 - Also notify your direct care staff¹.
- **Practice social distancing.** Keep six (6) feet of distance between you and other people who are not in your household.
- **Cloth face coverings or facemasks should be worn** when going out in public. A cloth face covering is not a substitute for physical distancing.
- **Clean hands** often with soap and water or alcohol-based hand sanitizer.

CONSIDERATIONS FOR COMMUNITY OUTINGS FOR PERSONS LIVING IN CRF or SUPPORTED LIVING FACILITIES

- **Before engaging in community outings**, people living in CRF should work with their support team and interdisciplinary team to develop a person-centered plan to mitigate risk.
- **When deciding to go out into the community, consider the following:**
 - Outdoor activities are preferred over indoor. However it is important to understand that **interacting with more people in any setting raises your risk**, so it is important to follow social distancing and cloth face-covering recommendations.
 - Being in a group with people who aren't social distancing or wearing cloth face coverings increases your risk.
 - The length of time you spend with people outside of your household can affect your risk of becoming infected. Spending more time with people who may be infected increases your risk.

PREVENT THE INTRODUCTION OF COVID-19 INTO THE CRF or SUPPORTED LIVING FACILITY

- **Require each person entering the CRF to perform hand hygiene** with alcohol-based-hand-rub (ABHR) with at least 60% alcohol or with soap and water for at least 20 seconds.
- **All direct care staff should be screened before entering the CRF:**
 - **Direct care staff¹ who are feeling unwell should not enter the CRF.**
 - **Symptom check questionnaire:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache,

¹ **Direct care staff:** Includes all staff who have direct contact and provide care or services to persons living in CRFs.

- sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea or otherwise feeling unwell should not be permitted into the residence and should follow up with their healthcare provider.
 - **Temperature check:** Those with a subjective or objective (>100°F) fever should not be permitted into the residence and should follow up with their healthcare provider.
 - **Please note,** if there are direct care staff that are sick and reside at the residence, they should self-isolate and notify their supervisor to ensure appropriate staffing.
- **Actively encourage sick direct care staff to stay home.** Inform all direct care staff in writing that they should not come to work if sick and of applicable paid leave provision.
 - Implement leave policies that are flexible and non-punitive and allow sick direct care staff to stay home.
 - Leave policies should also account for staff who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- **Perform screening for any visitors or non-medical service providers before entering the CRF.**
 - **Symptom check questionnaire:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea or otherwise feeling unwell should not be permitted into the residence.
 - **Temperature check:** Those with a subjective or objective (>100.4 F) fever should not be permitted into the residence.
 - **Exposure check:** Those who have been in close (less than 6 feet), prolonged (15 min or more) contact with someone with confirmed COVID-19 in the past 14 days should not be permitted into the residence.
- **Visitors should be scheduled, and the number of visitors limited, to ensure social distancing can be maintained.** Encourage visitation to occur outdoors, if possible. If visitation occurs inside the residence, visits should take place in the person's room or a designated area in the residence.
- **Maintain a daily record of external visitors and staff for at least 30 days to facilitate contact tracing.**

PREVENT THE SPREAD OF COVID-19 WITHIN THE CRF OR THE SUPPORTED LIVING FACILITY

- **Implement source control measures**
 - Direct care staff should wear a facemask (medical, surgical or procedure) when in the residence.
 - All visitors should wear a cloth face covering when in the residence.
 - Any person living in the facility who is symptomatic for had exposure to, or positive for COVID-19, should wear a cloth face covering if they need to be around others in the home. **Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone unconscious, incapacitated, or otherwise unable to remove the mask without assistance.**
 - Avoid aerosol-generating procedures when possible (e.g., switch nebulizer treatments to metered-dose inhalers).
- **Provide supplies necessary to adhere to recommended infection**

prevention and control practices.

- Direct care staff can consider the use of universal eye protection (e.g. face shield or goggles) if there are suspected or confirmed COVID-19 persons living in the residence.
- Direct care staff should not wear gloves for an extended period of time unless they are providing care to a person with laboratory-confirmed COVID-19, with symptoms of COVID-19 or another medical condition that requires the use of standard precautions. Extended use of gloves may spread germs and prevent frequent and appropriate hand hygiene.
 - If gloves are worn, they must be changed when soiled, between patients and as indicated after patient care activities (such as toileting).
 - Hand hygiene should be performed before and after putting on and removing gloves.
- **Implement strategies to maintain social distancing in the residence.**
 - Stagger mealtimes and use of common areas.
 - Arrange furniture in the residence to encourage social distancing (e.g., arranging beds 'head to foot').
 - Consider use of partitions, if unable to provide 6 feet of space between persons living in the CRF or supported living facility.
- **Rapidly identify and properly respond to persons living in the CRF or supported living facilities with suspected or confirmed COVID- 19.**
 - Identify space where isolation (for persons with laboratory-confirmed COVID-19) or quarantine (for persons who might be sick with COVID-19) can occur.
 - Limit direct care staff assigned to care for persons with known or suspected COVID-19. Ensure that these direct care staff only provide care to the isolated or quarantined person to decrease the risk of the virus spreading to others in the household.
 - Continue to report COVID-19 cases to Department of Behavioral Health or Department of Disability Services (whichever agency oversees your facility).

MAINTAIN ROBUST INFECTION CONTROL PRACTICES

- **Ensure that all direct care staff and persons living in CRF or supported living facilities are aware of appropriate hand hygiene practices.**
 - Ensure ABHR that contains at least sixty percent (60%) alcohol is available throughout the residence. If this is not possible due to safety concerns, ABHR should be available to all direct care staff for frequent use (e.g., providing travel-sized ABHR).
 - Ensure that sinks are properly supplied with soap and paper towels for handwashing.
- **Ensure adequate cleaning and disinfection supplies are available.**
 - Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in person's rooms and common areas.
 - More information about Risk-Based Environmental Cleaning Frequency Principles can be found here: [cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html](https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html)
 - More information can be found on the Center for Disease Control and Prevention's website: [cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
- **Appropriate personal protective equipment (PPE) should be provided to direct care staff.**

- Direct care staff should put on (don) the following PPE if caring for a patient with confirmed or suspected COVID-19: gown, respirator (facemask if respirators are not available), goggles or a face shield, and gloves. To conserve respirator supply, respirators should be prioritized for use during aerosol-generating procedures. Respirators should only be used by those who are medically cleared and fit tested through their employer's respiratory protection program.
- Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback to promote appropriate use by staff.
- More information, including training videos, can be found on CDC's website: cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

CONSIDERATIONS FOR SURVEILLANCE TESTING

- **DC Health does not recommend weekly testing of all persons living in CRF for the elderly and physically disabled² or for persons with intellectual disabilities³** unless there is a specific reason to do so (such as an ongoing outbreak within a specific facility).
 - Testing of asymptomatic persons in CRFs will be determined on a case-by-case basis.
- **Individual CRFs might consider having their staff undergo weekly surveillance testing.**
 - This should be determined based on the type of care being provided (such as the level of close contact between the staff and the person receiving care) and the risk level of the person receiving care.
- **Persons in the residence should contact their medical provider if they display symptoms of a COVID-19 infection or are concerned they were exposed.**

The guidelines above will continue to be updated as the situation evolves. Please visit coronavirus.dc.gov regularly for the most current information.

² Chapter 34 Community residence facilities for the elderly and physically disabled

³ Chapter 35 Community residence facilities for individuals with intellectual disabilities